

Depression, Resilience, and Overseas Life

Samuel B. Thielman, M.D., Ph.D.
Senior Advisor for Resilience
Foreign Service Institute/Transition Center

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Depression is one of the oldest disease categories in medicine and also one of the most complex. It's even mentioned in a 3000 year old Assyrian medical text (recently released in English). But depression, despite its antiquity and wide prevalence, frequently goes unrecognized. People who are depressed often can't figure out what is wrong with them. They worry about hormone imbalance, vitamin deficiency, and cancer. Sometimes these things contribute. Most of the time, they don't.

As defined medically, depression is a prolonged period of sadness or inability to enjoy things. There is a change in appetite, a sense of feeling tired all the time, and over- or under-sleeping. The depressed person usually has poor concentration, indecisiveness, or feelings of self-reproach. They may be preoccupied with morbid themes, and sometimes with suicidal thoughts.

Many patients I talk to are under the misapprehension that a person can only have major depression if the sadness comes from nowhere. The truth is, depression is often precipitated by a life stressor. For those moving to and from overseas assignments the stresses can be significant. People find themselves changing bosses, changing houses, helping children deal with new schools, identifying new friends, leaving old friends, and so on. If there's a predisposition to depression – through genetics or because of early childhood traumas, for example – the stress of Foreign Service life will almost surely make things worse.

Depression often first appears when people are in their mid-20s, around the age when many join the Foreign Service. Yet depression can manifest itself at any age from childhood onward. Many people first notice depression during adolescence, and a few people have the first onset of depression in their 40s or 50s. Follow-up studies of people with depression who go untreated have found that after one year, 40% of individuals still have the full depression syndrome, and another 20% don't have the full syndrome, but still have a number of features of depression.

Many people who suffer from depression do not see themselves as being sad. Yet they suffer from weight gain, poor sleep, chronic fatigue, poor concentration, and a feeling of hopelessness. Not uncommonly, depression causes a person to worry about physical problems that otherwise might go unnoticed: back pains, headaches, bowel problems, or small facial blemishes. All these conditions and others can become a focus of worry and preoccupation. Depression makes us negative, pessimistic, and unable to see the positive.

So is the answer to all this a pill? For some people, a pill is indeed a big part of the solution. Usually, though, the treatment for depression requires several lines of attack. Although 70% of people who are seriously depressed respond to drug treatment, many who respond do not have a complete resolution of symptoms. People who are treated for severe depression with a combination of talk therapy and medication do best of all. Milder forms of depression usually respond to psychotherapy alone.

Recently there's been a lot of attention given to factors that promote resilience, and resilient behavior may help prevent depression. Drs. Stephen Southwick and Dennis Charney studied the characteristics of highly resilient people. From their study, they developed the following list of resilience recommendations:

- Adopt an attitude of realistic optimism
- Seek and accept social support
- Imitate resilient role models
- Pay attention to your inner moral compass
- Engage in religious/spiritual practices
- Accept things that can't be changed
- Attend to health and well being
- Take an active approach to problem solving: look for opportunity during adversity
- Take responsibility for your emotional well-being

(S. Southwick and D. Charney: Resilience: The Science of Mastering Life's Greatest Challenges, Cambridge: Cambridge University Press, 2012, p. 13.)

Finally, I suggest that you be proactive in seeking help for yourself or a family member who's depressed. Many, many people in the Foreign Service are being treated successfully and confidentially for depression through the medical program of the Foreign Service. What a tragedy it would be to struggle week after week with a condition that is readily treated when in fact, all the time, help was right around the corner.